

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>American Crossroads</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00487363	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mentzer Media Services</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>		
Mailing Address 600 Fairmount Ave Ste 306			Amount 439426.50		
City Towson	State MD	Zip Code 21286	Transaction ID : SE.1		
Purpose of Expenditure TV / Media Placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>09 / 24 / 2014</b>		
Name of Federal Candidate Mark Begich		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AK</b>		
Calendar Year-To-Date Per Election for Office Sought		4060716.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Mentzer Media Services</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 20 / 2014</b>		
Mailing Address 600 Fairmount Ave Ste 306			Amount 487224.40		
City Towson	State MD	Zip Code 21286	Transaction ID : SE.2		
Purpose of Expenditure TV / Media Placement		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 16 / 2014</b>		
Name of Federal Candidate Mark Begich		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AK</b>		
Calendar Year-To-Date Per Election for Office Sought		4060716.12	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	926650.90
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caleb Crosby

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 20 / 2014**

Signature